



**BEHAVIORAL RISK FACTOR SURVEY
STATE ADDED QUESTIONS CATALOG**



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**Created by:
Ron Weyant
Arizona BRFSS Coordinator
ADHS/BPHS/ODES/TSC
(602) 542-2974**



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OVERVIEW

During the past six months I have been in contact with several other BRFS State Coordinators. We have discussed things such as creative financing, how to pull together individuals for meetings to formulate state added questions, what are some of the pitfalls that they are facing, etc. During one of the conversations, I was told that the individuals took it upon themselves to assist their Department with ideas for questions. They created this listing of sample questions and emailed it to key personnel in their department and tried to ignite some brainstorming prior to the meeting. They then told me that the meeting was scheduled, with a notation on the agenda that part of the preparation was to bring the listing with them to be discussed.

When I got off the phone, I began to think about what I could do to ignite that same fire or brainstorming within our Department. Since I have been in this position many positive things have been happening. Many Office/Bureau Chief's have contacted me to become a part of BRFS data collection. I took the information that was shared from the other coordinator and came up with an idea for a catalog.

The first thing I had to do was get some ideas for state added questions to show the diversity and possibilities that lay before us. I sent an email through the Centers for Disease Control and Prevention to all State Coordinators requesting copies of their state added questions. I had some that questioned why I wanted their questions and yet others just sent them and said, "Here ya go!" The response was much greater than I expected. It's a great group of folks that I work with in other states.

I then began the complex task of compiling the information within this catalog. The listing is broken down to identify the state and category (i.e. Utah, Tobacco-then list the questions, Alaska, Childhood Asthma-then list the questions, etc.) It seems like a lot of work but it really was not that much. I believe that this listing will assist us all with ideas and suggestions of what the possibilities are for state added questions.

I feel very pleased to have this available as a tool for all staff within the Department. I am open to any and all suggestions on how to improve or expand the listing if you also feel it is helpful.

Thanks for all your support and assistance in making BRFS a vital part of ADHS.

PARTICIPATING STATES

The following table reflects the States that have participated in the request for State Added questions.

STATE	PARTICIPATION
New Jersey	Sent Layout.
Kentucky	Have no state added question.
Connecticut	Sent full survey.
Colorado	Sent Layout.
Louisiana	Sent Layout.
Puerto Rico	Have no state added question.
Alaska	Sent Layout.
Vermont	Sent Layout.
Indiana	Sent Layout.
Michigan	Sent Layout.
New York	Question need.
California	Question need.
Kansas	Sent Layout.
Texas	Still waiting for response.
Washington	Sent full survey.
Wyoming	Sent Layout.
New York	Received layout chart for 1985-2001.
North Carolina	Sent full survey.
Arkansas	Sent Layout.
Alabama	Standard Flu questions from CDC.
Pennsylvania	Sent Layout.
Utah	Sent Layout.

NON-PARTICIPATING STATES

The following is a list of States that have not responded or participated in the request for State Added questions.

Hawaii
 Minnesota
 South Dakota
 West Virginia
 Idaho
 Missouri
 Texas
 Maine
 Oregon
 Guam
 Virginia
 Florida

Illinois
 South Carolina
 Tennessee
 Montana
 Massachusetts
 Ohio
 Maryland
 Rhode Island
 District of Columbia
 New Hampshire
 New Mexico
 Georgia

Michigan
North Dakota

Iowa

CATEGORIES (Submitted)

The following list reflects the categories that have been submitted by other states.

Women's Health	Food Safety
Diabetes	Prostate Cancer
Cardiovascular Disease	Smoking
Asthma	Injury
Language	Demographics-Race
Demographics-Cell Phone	Environmental Physical Activity
Complementary and Alternative Medicine	Accessory Diabetes
HIV Testing In Pregnancy	Child Oral Health
Workplace Smoking	Community Involvement
Firearms (Not Included In CDC Module)	Tobacco
Rabies	Cardiovascular Health
Sexual Behavior	Smoking
Childhood Illness	Children's Health
Violence	Mammography
Residents	Physical Limitations
Organ Donor	Skin Cancer
Demographics (Town and Doctor)	Citizenship
Testing for Diabetes	Healthy Aging
Hunger	Skin Cancer Prevention
Driving Under the Influence (DUI)	Sexual Orientation
Heart Attack/Stroke	Comment (Sensitive Issues)
Computer Access (Internet Based Interviews)	

CATEGORIES (Not submitted)

The following list reflects the categories that have not been submitted by other states.
But, can be used to create state-added questions for the survey instrument.

Activity Limitation	Arthritis
Birth Control	Cancer
Chickenpox	Child Care
Cholesterol	Chronic Conditions
City/Town/Village/Parish/Ward	Clinical Breast Exams
Colorectal Cancer Screening	Depression
Dietary Fat	Drug Use
Ethnicity	Fish Consumption
Food Consumption	Food Handling
FUTURE INTERVIEWS	Gambling
Health Care	Health Care Coverage

Health Education

Immunization

INTERVIEW CHARACTERISTICS

Lyme Disease

Medications

Nutrition

Pap Smears

Physical Activity

Preventive Counseling

Quality of Life

Smoke Detectors

Telephone Service

Vitamins

Highway Safety

Zip Code

Hepatitis

Injury

Lead Poisoning

Mammograms

Mental Health Care

Occupation

Pesticides

Pregnancy

Public Health Services

Radon

Social Content

Urbanicity

Water Quality

Hypertension

SAMPLE QUESTIONS

WOMEN'S HEALTH

Ask of Females 40 and over

Have you had surgery where both of your ovaries were removed?

Except for time when you've taken birth control pills, have you ever taken female hormones or estrogen replacement therapy?

Are you currently taking female hormones or estrogen replacement therapy with the exception of birth control pills?

Have you ever been counseled by your doctor, a nurse or other health professional about the benefits and risks of using estrogen replacement therapy for the prevention of osteoporosis?

Have you gone through the change of life or menopause?

Ask of Females 35 and over

Since the age of 35, have you broken your wrist, hip or backbone?

During the past month, did you take any products to supplement your calcium intake, such as Tums, Oscal, or calcium fortified orange juice?

MAMMOGRAPHY

In the past month, have you noticed any posters, billboards, commercials, or advertisements with a message about having a mammogram test?

(Suggested only if applicable for the Department) Are you aware that the health department offers free to low cost breast exams and mammograms?

How often do you believe women your age should get a mammogram?

Did a doctor suggest that you have your most recent mammogram?

Have you ever had breast cancer?

Do you think your risk of getting breast cancer is..?

If you wanted to have a mammogram, would you have to pay for all, part, or none of the cost?

How difficult would it be for you to pay for the cost of the mammogram test? Would you say very difficult, somewhat difficult, a little difficult, or not at all difficult?

(Ask if respondent is female, age 50 or older, uninsured, income less than \$20,000, or income less than \$25,000 and household size of 2 or more, or income of less than \$35,000 and household size of 3 or more.)

You may be eligible for a free mammogram from the _____ Breast Cancer Screening Program. Have you heard of this program?

Are you currently participating in this program?

May we have a representative of the Breast Cancer Screening Program call you to talk with you about the program?

Respondent phone number

So that the breast cancer program may contact you more easily, may we have your first name?

HIV TESTING IN PREGNANCY

Ask if female aged 18-49

Have you been pregnant during the past two years?

Did your doctor offer you an HIV test during your last pregnancy?

Ask if 39 years old or younger, or is female

Previously, I asked you some questions about tests for prostate cancer you may have had. Has your physician ever discussed with you both the advantages and disadvantages of being screened for prostate cancer?

Ask if 49 years old or younger

Has a doctor or other health professional ever talked to you about getting tested for colorectal cancer, or cancer of the bowel?

FOOD SAFETY

After handling raw meat or chicken in the kitchen, which of the following best describes what you usually do next?

After you have used a cutting board, counter top, or other surface for cutting raw meat or chicken, which of the following best describes what you usually do next?

These next questions are about food, which you may eat or drink. I am going to name several different food items. Thinking over the past 12 months, please tell me how often you ate or drank each one; for example, twice a week, three times a month, and so forth. Include all foods you ate or drank, both at home and away from home.

In the past 12 months, how often did you eat hamburgers that were still pink or red on the inside, both at home and away from home?

Do you think there is a health problem with eating hamburgers that are still pink or red on the inside?

What type of health problem do you associate with eating hamburgers that are still pink or red on the inside?

In the past 12 months, how often did you eat eggs, which were soft-boiled, soft poached, loosely scrambled, or lightly fried with a runny yolk, both at home and away from home?

In the past 12 months, how often did you eat raw oysters, both at home and away from home?

In the past month, were you ill with diarrhea lasting at least two days with at least three loose stools on one of those days?

TESTING FOR DIABETES

To your knowledge, have you ever been tested for diabetes?

DIABETES

How old were you when you were told you have diabetes?

Are you now taking insulin?

Are you now taking diabetes pills?

About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"?

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

Have you ever taken a course or class in how to manage your diabetes yourself?

Was it during a pregnancy that you were **first** told that you had diabetes?

Was there a period of time after the pregnancy when you did NOT have diabetes?

PROSTATE CANCER

A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

How long has it been since your last digital rectal exam?

Which of the following do you think is a symptom of a heart attack. For each, tell me yes, no, or you're not sure.

Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack?

(Do you think) feeling weak, lightheaded, or faint are symptoms of a heart attack?

(Do you think) chest pain or discomfort (are symptoms of a heart attack?)
(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?)

(Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)

(Do you think) shortness of breath (is a symptom of a heart attack?)

Which of the following do you think is a symptom of a stroke. For each, tell me yes, no, or you're not sure.

Do you think sudden confusion or trouble speaking are symptoms of a stroke?

Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke?

(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)

(Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)

(Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)

(Do you think) severe headache with no known cause (is a symptom of a stroke?)

If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

SMOKING

How often are you exposed to secondhand cigarette smoke at your place of work?

Have you heard of any activities to address the problem of diabetes in your community?

For irregular smokers

On how many of the past 30 days did you smoke cigarettes?

On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

On the average, about how many cigarettes a day do you now smoke?

Are you planning to quit smoking in the next 30 days?

Are you thinking about quitting in the next 6 months?

For recent quitters

In the past 12 months have you heard, read, or seen any information about quitting smoking?

I'm going to read you a list of places where you may have gotten this quit-smoking information.

In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

Which statement best describes the rules about smoking inside your home?

For employed and self-employed.

While working at your job, are you indoors most of the time?

Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

Which of the following best describes your place of work's official smoking policy for work areas?

Now I'm going to read you a list of places where smoking may or may not be allowed. For each one, please tell me if you think that smoking should be allowed there without restriction, should be permitted only in designated areas, or should not be allowed at all.

- Restaurants
- Indoor work areas
- Bars and cocktail lounges
- Indoor sporting events
- Outdoor sporting events
- Indoor shopping malls

If restaurants were completely smoke-free, would you eat out more often, less often, or about the same as you do now?

Other than yourself, is there anyone else in your household who smokes?

How old were you the first time you smoked a cigarette, even one or two puffs?

How old were you when you first started smoking cigarettes regularly?

About how long has it been since you last smoked cigarettes regularly?

FOLLOW-UP (Used for additional surveys-Universities, Health Department, etc.)

Occasionally programs at the Department of Health or researchers at Utah universities would like to conduct follow-up surveys. Would you be willing to be contacted at sometime in the future to participate in a follow-up survey?

IF NECESSARY, READ: You are not agreeing to participate. You may decline if you like once they ask you to participate.

May I please get your first name so they'll know whom to ask for? (Can you spell that for me, please?)

TOBACCO

Do you want to completely stop smoking cigarettes?

How many times, if any, have you tried to quit smoking in your entire lifetime?

How many times did you try to quit smoking before you were finally successful?

During the past 30 days, about how often have you seen anti-smoking commercials on t.v.?

During the past 30 days, about how often have you heard anti-smoking commercials on the radio?

During the past 30 days, about how often have you seen anti-smoking billboards?

During the past 12 months, did you see any anti smoking advertisements or activities at local community events such as fairs, picnics, sporting events, etc.?

In the past 30 days have you seen or heard anything about a Louisiana tobacco hotline?

WORKPLACE SMOKING

Which of the following best describes the policy about smoking at your work place?

No smoking allowed anywhere

No smoking allowed inside

Smoking restricted to a few designated areas

Smoking allowed in most places except where posted

No policy regarding smoking

ASTHMA

Earlier you said that there were [Number from] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

How many of these children still have asthma?

Does this child still have asthma?

CHILDREN

CHILDREN'S HEALTH ISSUES

Was there a time during the past 12 months when (CHILD) needed to see a doctor but could not because of the cost?

Does (CHILD) have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

What type of health care coverage does (CHILD) have?

INJURY

How often do you use safety belts when you drive or ride in a car?

What is the age of the oldest child in your household under the age of 16?

CT4_3 How often does the [fill in age]-year-old child in your household use a

for child 4 or younger: Car safety seat

for child 5-8,: 2 questions: Booster seat
Safety belt

for child 9-15: Safety belt

When they ride in a car?

During the past year, how often has the [fill in age] year old child worn a bicycle helmet when riding a bicycle?

CHILD ORAL HEALTH

How many of the children ages 8 through 14, living in your household have dental sealants placed on the teeth?

CHILDREN'S HEALTH

A routine dental exam or periodic check up is a non-emergency visit to the dentist to check for cavities and gum disease or to have teeth cleaned and checked. When was the last time this child had a routine dental examination?

What is the main reason that your child has not visited the dentist for a routine check up in the past year?

CHILD ILLNESS

Ask if FIVE years or greater.

During the past 12 months, about how many days did (CHILD) miss school because of illness or injury?

About how long has it been since (CHILD) last visited a doctor for a routine checkup or physical examination?

CHILD ORAL HEALTH

These next few questions are about the [age of randomly selected child]. Has the [randomly selected child] ever had any cavities or tooth decay?

Have all the cavities that the [randomly selected child] been filled or repaired?

How long has it been since the [randomly selected child] last visited a dentist or dental clinic for any reason?

Due to untreated dental problems, has the [randomly selected child] ever experienced... pain for longer than one week?

(Due to untreated dental problems, has the [randomly selected child] ever)... had one or more teeth pulled?

(Due to untreated dental problems, has the [randomly selected child] ever)...been absent from school?

(Due to untreated dental problems, has the [randomly selected child] ever experienced)...personal embarrassment?

(Due to untreated dental problems, has the [randomly selected child] ever)...had infections or other illnesses?

(Due to untreated dental problems, has the [randomly selected child] ever experienced)...other personal or health problems?

Ask if child is 7_17 years of age

Dental sealants are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are put on by a dentist or dental hygienist. They are different from fillings, caps, crowns, and fluoride treatments. Has the [randomly selected child] ever had dental sealants placed on [her/his] teeth?

DEMOGRAPHICS

RESIDENTS

What is your zip code?

CITIZENSHIP

Have you moved to the United States as an immigrant or refugee within the past 10 years?

LANGUAGE

To interviewer:

In what language was this interview completed?

DEMOGRAPHICS-Town and Doctor

What town do you live in?

In what town is your primary care doctor's office?

DEMOGRAPHICS-RACE

Which one of these groups would you say best represents your race?

White
Black or African American
Asian
Native Hawaiian or Other Pacific Islander
American Indian, Alaska Native
Other [**specify**]

DEMOGRAPHICS-CELL PHONE

How many adult members of your household currently use a cell phone for any purpose?

ENVIRONMENTAL PHYSICAL ACTIVITY

Next, I have some questions about your access to the school facilities in your community, including both public and private schools.

Do **you personally** have access to any school facilities in your area outside of normal school hours for the purpose of physical activity? For example, access to swimming pools, gyms, or the hallways for walking.
Within the past 4 weeks, have you used any of these school facilities in your community for physical activity?

What is the main reason that you have not used any of these facilities?

Next, I would like to ask you about the facilities that you have available at your worksite and some of the benefits that your employer may provide to encourage employees to be more physically active.

Does your workplace have any exercise facilities or equipment for employees to use for physical activity, such as a gym, pool, or exercise equipment?

Does your workplace offer any regular physical activity programs, such as exercise classes, fitness counseling, or walking clubs?

Does your workplace encourage employees to exercise by offering any of the following: flexible work hours, information about exercising, or encouragement to use the stairs instead of the elevator, to exercise during breaks, or to walk or bicycle to work?

Does your workplace offer any other benefits or incentives to encourage you to exercise more?

About how many people are employed at your worksite?

What kind of business or industry do you work in?

Next, I'd like to ask you about the type of transportation you use for short trips that you make as part of your day-to-day life. By trip, I mean anytime you go from one address or place to another, which is **at least a quarter of a mile**. Please count a round-trip as two trips.

In the past 7 days, about how many short trips did you make that were at least a quarter mile, but less than one mile?

Did you walk or ride a bicycle as a means of transportation for any of these trips that were less than 1 mile?

For how many of these trips of less than 1 mile did you walk in order to get there?

For how many did you ride a bicycle?

Next, I'm going to ask you about somewhat longer trips, that is trips of at least one mile, but less than 5 miles.

In the past 7 days, about how many trips of this distance (at least one mile, but less than 5 miles) did you make?

Did you walk or ride a bicycle as a means of transportation for any of these trips that were less than 5 miles?

For how many of these trips (of at least 1 mile, but less than 5) did you walk in order to get there?

For how many did you ride a bicycle?

What would you say is the main reason that you don't walk for transportation on a regular basis?

What would you say is the main reason that you don't ride a bicycle for transportation on a regular basis?

COMPLEMENTARY AND ALTERNATIVE MEDICINE

Next, I am going to ask you about other types of health care, or things you may do to improve your health, such as chiropractic care, acupuncture, massage therapy, or herbal remedies. Frequently these types of care are called non-traditional, complementary, or alternative care.

Over the past 12 months, have you used

- a. Oriental Medicine, including acupuncture or traditional Chinese herbs?
- b. Homeopathic or Naturopathic Medicine?

Interviewer instructions: Homeopathic Medicine is a system of medicine in which practitioners use solutions containing very small amounts of substances to promote health, based on the principle of Like cures like.® Naturopathic Medicine is a system of medicine that emphasizes a variety of complementary therapies and treats disease with natural, nontoxic treatments.

- c. Other medical systems, such as Ayurvedic Medicine or Traditional Native American Medicine?

Interviewer instructions: Ayurvedic Medicine is a traditional medical system from India that includes a range of treatments, such as herbal medicine, changes in diet, meditation, massage, and Yoga.

- d. In the past 12 months, have you used **any** herbal or botanical supplements, including ginseng, ginkgo, echinacea, St. Johns wort, or saw palmetto?
- e. Large-dose vitamin or mineral therapies? Please only include vitamins or minerals taken at **very high doses**. Do not include multiple vitamins or individual vitamins taken at lower or moderate doses.
- f. **Any other** dietary supplements, such as Glucosamine, Chondroitin, Co-enzyme Q10, Melatonin, or probiotics.

- g. Special diets specifically for the purpose of treating or preventing a disease or condition? Please do not include diets designed for weight loss.
- h. In the past 12 months, have you used massage therapy?
- i. Osteopathic Manipulative Therapy?

Interviewer instructions: Osteopathic Manipulative Therapy involves the use of manual diagnosis and manipulative treatments by a Doctor of Osteopathic Medicine.

- j. Chiropractic techniques?
- k. Did you use the Chiropractic or Osteopathic Manipulative Therapy for a muscular or skeletal problem?
- l. Energy therapies, such as Therapeutic Touch, Reiki, or magnets?
- m. In the past 12 months, have you done Tai Chi, Yoga, Qi Gong, or other mind-body therapies specifically to treat or prevent a disease or condition?
- n. In the past 12 months, have you been the recipient of Spiritual Healing?

Have you used any other alternative or complementary care treatments or techniques?

What else have you used?

Have you seen a practitioner for any of these treatments, techniques, or supplements in the past 12 months?

Did you discuss your use of some or all of these approaches with your primary care physician or regular medical doctor?

Are you using these approaches to treat a disease or condition you already have, to prevent a specific disease, to promote your overall health, or a combination of these?

What disease(s) are you treating or trying to prevent?
Do you think any of these approaches have been helpful to you?

ACCESSORY DIABETES

Is paying for your diabetes supplies a problem?

When you go to your doctor for your diabetes, are you usually told to remove your socks and shoes before you see the doctor?

Who decides when you need your next diabetes checkup?

Were you hospitalized during the past two years?

What was the reason for your most recent hospitalization?

COMMUNITY INVOLVEMENT

How would you rate your community as a place to live?

How long have you lived in the community in which you now live?

During the past 5 years, have you been active in a coalition or civic group, which attempted to address one or more community problems?

Next, I'd like you to rate your community on each of several issues as excellent, very good, good, fair, or poor.

How would you rate your community on its... Willingness of citizens to become involved in community issues?

(How would you rate your community on its)... Availability of effective leadership for solving community problems?

(How would you rate your community on its)... Cooperation and communication between community organizations, including government, civic organizations, and social agencies?

(How would you rate your community on its)... People sharing a sense of belonging to the community?

(How would you rate your community on its)... Past history of community success at problem solving?

(How would you rate your community on its)... Community decision making shared among community members and among community organizations?

(How would you rate your community on its)... Community investment of financial resources in community problem solving?

(How would you rate your community on its)... Availability of people in the community with skills to solve community problems?

(How would you rate your community on its)... Shared values and vision among community citizens?

(How would you rate your community on its)... Self honesty and ability to learn from mistakes?

FIREARMS (Not Included In CDC Module)

Are any of the firearms handguns, such as pistols or revolvers?

Are any of the firearms long guns, such as rifles or shotguns?

What is the main reason that there are firearms in or around your home?

Is the firearm in or around your home loaded and unlocked?

The next three questions are about using firearms. Do not include firearm-use associated with your job in your responses if your occupation requires and authorizes you to use a firearm, such as a policeman.

During the last 30 days, Have you carried a loaded Firearm on your person, Outside of the home for Protection against people?

During the last 12 months, have you confronted another person with a firearm, even if you did not fire it, to protect yourself, your property, or someone else?

In the past three years, have you attended a firearm safety Workshop, class, or clinic?

Do any of the firearms kept in or around your home belong to you, personally?

During the last 30 days, have you driven or been a passenger in a motor vehicle in which you knew there was a loaded firearm?

RABIES

In the past 12 months has anyone in your household been bitten by an animal?

In the past 12 months has anyone in your household gone to the emergency room, doctor's office or other place for medical care because of an animal bite?
What kind of animal did the biting?

If bitten by a dog, cat, or ferret, to your knowledge did a licensed veterinarian vaccinate the animal within the past year?

Who was the person bitten?

Did that person receive rabies shots?

How much did it cost to treat the person for the animal bite? **Include all costs such as doctor's visit(s), emergency room, medications, and other expenses associated with the bite incident.**

Do you own any domestic pets? (dogs, cats, ferrets)?

If yes, have all, some, or none of them been vaccinated against rabies by a licensed veterinarian within the past year?

CARDIOVASCULAR HEALTH

Which of the following statements BEST describes your experience with CPR (Cardiopulmonary Resuscitation)?

CARDIOVASCULAR DISEASE

In the past year did you change the amount of fat, cholesterol, fruits, or vegetables that you eat?

HEART ATTACK/STROKE

Do you take aspirin daily or every other day?

Do you have a health problem or condition that makes taking aspirin unsafe for you? **If “yes,” ask “Is this a stomach condition?” Code upset stomach as “stomach problems.”**

Why do you take aspirin?

SEXUAL BEHAVIOR

In order to improve our prevention programs, public health personnel need to ask some very personal questions. Remember that all your answers are confidential and your name cannot be identified with your phone number.

How did you or your partner get the condom that was used?

In the past five years, have you been treated for a sexually transmitted or venereal disease?

Were you treated at a health department STD clinic?

In the past two months, have you seen or heard any information about the importance of getting tested for HIV?

Where did you last see or hear this information?

VIOLENCE

Looking back on your childhood, did you ever have injuries (such as bruises, cuts, a black eye, broken bones, etc.) as a result of being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by your parents or guardians, their spouse, partner, boyfriend or girlfriend?

As a child, did you ever see or hear one of your parents or guardians being hit,

slapped, punched, shoved, kicked, or otherwise physically hurt by their spouse or partner?

Has anyone ever made you take part in any sexual activity when you really did not want to? (including touch that made you uncomfortable).

In your lifetime, has an intimate partner ever hit, slapped, punched, shoved, kicked, choked, hurt or threatened you?

In the past 5 years, have you ever feared for your safety or been hit, slapped, kicked, choked, or otherwise physically hurt by a current or former intimate partner?

PHYSICAL LIMITATIONS

A disability can be physical, mental, emotional, or communication-related. Do you consider yourself to have a disability?

In your life, how many times have you ever been injured where you were knocked out or unconscious?

Were you hospitalized overnight or longer for that/those injury / injuries?

ORGAN DONOR

Do you plan to be an organ donor at the time of your death?

Do you indicate your wishes on a (State) driver's license or photo ID card, another organ donor card, advanced directive, or other document?

HEALTHY AGING

Do you have tooth or mouth problems that make it hard for you to eat?

Do you take 3 or more different prescribed or over-the-counter drugs a day?

Have you lost or gained more than 10 lbs. in the last 6 months without trying?

Do you drink at least 6-8 glasses of water, milk, fruit juice, or uncaffeinated beverages each day?

In the past 12 months, have you fallen to the ground?

HUNGER

How frequently do you eat less than you feel you should because there is not enough food or enough money to buy food?

SKIN CANCER PREVENTION

In the past 12 months, have you used a tanning booth or a sun lamp?

SKIN CANCER

The next questions are about what you do to protect your skin when you go outside. When you go outside on a sunny summer day for more than one hour, how often do you use sunscreen or sun block?

What is the Sun Protection Factor or SPF of the sunscreen you use most often?

DRIVING UNDER THE INFLUENCE (DUI)

How likely is someone to be stopped by a police officer for driving after he or she has had too much to drink?

SEXUAL ORIENTATION

Do you consider yourself to be: **(Please read)**

Homosexual

Bisexual

Heterosexual

People describe themselves as transgender when they need to express themselves, or enjoy expressing themselves in the gender role of the opposite sex. For example, this could include cross dressing, transvestitism, being transsexual, or doing drag. Do you consider yourself to be transgender?

COMMENT

This comment was added to the end of the Washington survey:

COMMENT: These issues are sometimes difficult and uncomfortable to talk about. I really appreciate your answering these questions. If you or anyone you know is ever in immediate danger, they can call 911 or the local police. There is also a confidential, multilingual hotline to help anyone who is being hurt or threatened by an intimate partner. The hotline's number -- if you'd like to write it down -- is

(Add toll free number).

You can also find the number in the telephone book in the **State Government** section under **“Abuse/Assault, Domestic Violence Hotline.”**

OTHER IDEAS

COMPUTER ACCESS (Used for possible Internet Based Interviewing)

Do you have access to a computer?

Where is the computer located?

Does the computer have Internet access?

How many hours do you use this computer for Internet functions?

Have you ever completed an Internet survey for any reason?

Would you be interested in completing this type of an interview over the Internet?

Do you think or believe that you would be able to complete this type of interview of the Internet within a thirty minute time period?

Would you need additional time to think about answers?

Would you feel more comfortable answering the questions over the Internet?

How would you let people know about interviews over the Internet?

As a taxpayer, what is your opinion about a State Department offering Internet based interviews?